

# INSTRUCTIONS



## **BIA Financial Assistance & Social Service Program Report**

*Bureau of Indian Affairs · Office of Indian Service · Division of Human Services*

**October, 2015**

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# INTRODUCTION

The 2015 Financial Assistance and Social Service Report (FASSR) is the only report that Bureau of Indian Affairs (BIA) agencies and tribes operating under Indian Self-Determination and Education Assistance Act (ISDEAA) Title I Contracts, ISDEAA Self-Governance Funding Agreements and Public Law (Pub. L.) 102-477 (477) Plans will be required to submit for the Welfare Assistance Program for Fiscal Year (FY) 2015 or Calendar Year (CY) 2015.

The BIA, Office of Indian Services (OIS), Division of Human Services (DHS) requests that the following instructions be used by the BIA Regional offices, BIA agencies, the Office of Indian Services – Division of Workforce Development, the Office of Self Governance (OSG), and tribal programs in the completion of the 2015 FASSR.

The 2015 FASSR is available electronically on the BIA, OIS, DHS's website at:

The 2015 FASSR must be completed, certified, and submitted electronically in the Microsoft Excel format. Handwritten reports and PDF reports will not be accepted. The 2015 FASSR can be completed by following the step-by-step instructions included in this document. The instructions include pictures, a narrative template, and more examples for you to reference for clarification as you go through the steps for completion.

All fiscal year (FY) tribes, calendar year (CY) tribes, and BIA agencies must submit the 2015 FASSR. If a tribe or BIA agency does not submit a 2015 FASSR, it will not receive funding in the final distribution of 2016 Welfare Assistance funding. The 2015 FASSR contains two sections: a Data Section and a Narrative Section

## **GUIDANCE FOR SELF GOVERNANCE TRIBES (OSG)**

Tribes operating under ISDEAA Self-Governance Funding Agreements, including those tribes operating the General Assistance program under an approved Pub. L. 102-477 plan, will submit their 2015 FASSR to the Office of Self-Governance.

Primary contact for the OSG, 2015 FASSRs:

U.S. Department of the Interior  
Office of the Secretary  
Office of Self Governance  
Mr. Ken Reinfeld, Senior Policy/Program Analyst  
12220 Sunrise Valley Drive--Room 6061  
Reston, Virginia. 20191 I  
Phone: (202) 821-7107  
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E-Mail: [Kenneth.Reinfeld@bia.gov](mailto:Kenneth.Reinfeld@bia.gov)

### **Due Dates for the submission of the 2015 FASSR by Self-Governance Tribes**

*Fiscal Year Self-Governance Tribes* are to submit the 2015 FASSR within 30 calendar days from the date of the 2016 Welfare Assistance Funding Distribution Methodology.

*Calendar Year Self-Governance Tribes* are to submit the 2015 FASSR within 30 calendar days from the end of the 2015 Calendar Year. Due by: COB Monday, February 1, 2016

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance. Other financial assistance programs operated by the Tribe will be provided based on expenditures reported in 2015 FASSR. It is requested that tribal redesign programs also include General Assistance information on the 2015 FASSR.

## **GUIDANCE FOR P.L. 102-477 TRIBES, NOT PARTICIPATING IN TRIBAL SELF GOVERNANCE**

Tribes operating the General Assistance program under an approved Pub. L. 102-477 Plan, through an ISDEAA Title I Contract, will submit their 2015 FASSR to the Office of Indian Services, Division of Workforce Development.

Tribes not participating in Tribal Self Governance who are operating their General Assistance program under an approved P.L. 102-477 plan on a program year that does not coincide with the fiscal or calendar year will report on a Fiscal Year, i.e. a tribe who operates their 477 plan from June 1st through May 31st, would report data on the 2015 FASSR on the fiscal year, from October 1st to September 30th.

Primary contact for the OIS, Division of Workforce Development:

U.S. Department of the Interior  
Bureau of Indian Affairs  
Division of Workforce Development  
Mr. Terrence Parks, Acting Division Chief  
1849 C. Street, NW  
MIB-MS: 4513  
Washington, DC 20240  
Email: [Terrence.Parks@bia.gov](mailto:Terrence.Parks@bia.gov)  
Phone: (202) 513-7625

*Fiscal Year programs* are to submit the 2015 FASSR within 30 calendar days from the date of the 2016 Welfare Assistance Distribution Methodology.

*Calendar Year programs* are to submit the 2015 FASSR within 30 calendar days from the end of the 2015 calendar year. Due by: COB Monday, February 1, 2016

*Note:* Other financial assistance programs operated by the Tribe will be provided based on expenditures reported on the 2015 FASSR.

## **GUIDANCE FOR BIA-OPERATED AND P.L. 93-638 TRIBES**

Tribes operating under an ISDEAA Title I Contract or are a BIA-operated program must submit their 2015 FASSR to their respective BIA Regional Office, please see page 7 which provides the regional contact for each BIA Regional Social Services Program.

*Fiscal Year programs* are to submit the 2015 FASSR within 30 calendar days from the date of the 2016 Welfare Assistance Funding Distribution Methodology.

*Calendar Year programs* are to submit the 2015 FASSR within 30 calendar days from the date of the 2016 Welfare Assistance Distribution Methodology. Due by: COB Monday, February 1, 2016

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance. Other financial assistance programs operated by the Tribe will be provided based on expenditures reported in the 2015 FASSR. It is requested that tribal redesign programs also include General Assistance information on the 2015 FASSR.

Note: P.L. 102- 477 tribes operating Burial and Emergency Assistance outside of an approved P.L. 102-477 plan, is to report Burial Assistance and Emergency Assistance separately to their respective Regional BIA Office (See Guidance for P.L. 102-477 Tribes, not participating in Self Governance, pages 6) or the Office of Self Governance (See Guidance for Self-Governance Tribes, page 5)

<p><b><u>Alaska Region</u></b></p> <p>Gloria Gorman Human Services Director Email: <a href="mailto:Gloria.Gorman@bia.gov">Gloria.Gorman@bia.gov</a></p> <p>3601 C. Street, Suite 1100 Anchorage, Alaska 99503</p> <p><b>Main:</b> 907.271.4111 <b>Fax:</b> 907.271.4083</p>	<p><b><u>Eastern Oklahoma Region</u></b></p> <p>Clarissa Cole Regional Social Worker Email: <a href="mailto:Clarissa.Cole@bia.gov">Clarissa.Cole@bia.gov</a></p> <p>P.O. Box 8002 3100 West Peak Boulevard Muskogee, OK 74401</p> <p><b>Main:</b> 918.781.4613 <b>Fax:</b> 918.781.4649</p>	<p><b><u>Eastern Region</u></b></p> <p>Jodi Abbott Regional Social Worker Email: <a href="mailto:Jodi.Abbott@bia.gov">Jodi.Abbott@bia.gov</a></p> <p>545 Marriott Drive, Suite 700 Nashville, TN 37214</p> <p><b>MAIN:</b> 615.564.6500 <b>FAX:</b> 615.564.6547</p>
<p><b><u>Great Plains Region</u></b></p> <p>Linda Oberle Regional Social Worker Email: <a href="mailto:Linda.Oberle@bia.gov">Linda.Oberle@bia.gov</a></p> <p>115 4th Avenue SE Aberdeen, SD 57401</p> <p><b>MAIN:</b> 605.226.7351 <b>FAX:</b> 605.226.7643</p>	<p><b><u>Midwest Region</u></b></p> <p>Valerie J. Vasquez-Braun Regional Social Worker Email: <a href="mailto:Valerie.Vasquez@bia.gov">Valerie.Vasquez@bia.gov</a></p> <p>Norman Pointe II Building 5600 W. American Blvd, Suite 500 Bloomington, MN 55437</p> <p><b>MAIN:</b> 612.725.4572 <b>FAX:</b> 612.713.4439</p>	<p><b><u>Navajo Region</u></b></p> <p>Marie Eastman Regional Social Worker Email: <a href="mailto:Marie.Eastman@bia.gov">Marie.Eastman@bia.gov</a></p> <p>301 West Hill Street Gallup, NM 87031</p> <p><b>MAIN:</b> 505.863.8215 <b>FAX:</b> 505.863.8292</p>
<p><b><u>Northwest Region</u></b></p> <p>Rita Sage Regional Social Worker Email: <a href="mailto:Rita.Sage@bia.gov">Rita.Sage@bia.gov</a></p> <p>911 NE 11th Avenue Portland, OR 97232</p> <p><b>MAIN:</b> 503.231.6785 <b>FAX:</b> 503.231.2182</p>	<p><b><u>Pacific Region</u></b></p> <p>Michelle Deason Regional Social Worker Email: <a href="mailto:Michelle.Deason@bia.gov">Michelle.Deason@bia.gov</a></p> <p>Federal Building 2800 Cottage Way, W-2820 Sacramento, CA 95825</p> <p><b>MAIN:</b> 916.978.6048 <b>FAX:</b> 916.978.6099</p>	<p><b><u>Rocky Mountain Region</u></b></p> <p>Lisa Humphrey Regional Social Worker Email: <a href="mailto:Lisa.Humphrey@bia.gov">Lisa.Humphrey@bia.gov</a></p> <p>316 North 26th Street Billings, MT 59101</p> <p><b>MAIN:</b> 406.247.7988 x 276 <b>FAX:</b> 406.247.7566</p>
<p><b><u>Southern Plains Region</u></b></p> <p>Ofelia De La Rosa Regional Social Worker Email: <a href="mailto:Ofelia.DeLaRosa@bia.gov">Ofelia.DeLaRosa@bia.gov</a></p> <p>P.O. Box 368 Anadarko, OK 73005</p> <p><b>MAIN:</b> 405.247.6673 <b>FAX:</b> 405.247.2895</p>	<p><b><u>Southwest Region</u></b></p> <p>Sandra McCook Regional Social Worker Email: <a href="mailto:Sandra.McCook@bia.gov">Sandra.McCook@bia.gov</a></p> <p>1001 Indian School Road Albuquerque, NM 87104</p> <p><b>MAIN:</b> 505.563.3520 <b>FAX:</b> 505.563.3058</p>	<p><b><u>Western Region</u></b></p> <p>Marge Eagleman Regional Social Worker Email: <a href="mailto:Marjorie.Eagleman@bia.gov">Marjorie.Eagleman@bia.gov</a></p> <p>2600 N. Central Avenue, 4th Floor Mailroom Phoenix, AZ 85004</p> <p><b>MAIN:</b> 602.379.6785 <b>FAX:</b> 602.379.3010</p>

## SECTION 1: DATA SECTION OF THE FASSR

These instructions will walk you through how to properly fill out the 2015 FASSR. There are two sections of the Report, a Data Section and Narrative Section. Many of the fields in the form are

**STEP 1:** Open the Microsoft Excel version of the 2015 FASSR, click on the **Data Section** tab.

FISCAL YEAR or CALENDAR YEAR										FY/ CY 2015					
2016 BIA Financial Assistance and Social Services Report (FASSR)															
TRIBE/AGENCY		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS					
OSG BIA 477 638		ACTUAL/PROJECTED (Month-Month-Month)		ACTUAL/PROJECTED (Month-Month-Month)		ACTUAL/PROJECTED (Month-Month-Month)		ACTUAL/PROJECTED (Month-Month-Month)							
A		B	D	E	G	H	J	K	M	N	P	Q	R		
Program Component		Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit		
<b>Child Assistance</b>															
Foster Care			-		-		-		-	0	-	-	-		
Residential Care			-		-		-		-	0	-	-	-		
Adoption Subsidy			-		-		-		-	0	-	-	-		
Guardianship Subsidy			-		-		-		-	0	-	-	-		
Special Needs			-		-		-		-	0	-	-	-		
Homemaker Services			-		-		-		-	0	-	-	-		
<b>Adult Care Assistance</b>															
Homemaker Services			-		-		-		-	0	-	-	-		
Residential Care (group home)			-		-		-		-	0	-	-	-		
<b>General Assistance</b>		0	-	0	-	0	-	0	-	0	-	-	-		
Employable										0					
Unemployable										0					
Individual Self-Sufficiency Plan (ISP)										0					
ISP Goals Completed										0					
Applications Approved										0					
Applications Disapproved										0					
<b>Burial Assistance</b>			-		-		-		-	0	-	-	-		
<b>Emergency Assistance</b>			-		-		-		-	0	-	-	-		
<b>IIM Accounts</b>															
Services										0					
Distribution Plans Processed										0					
<b>Services Only</b>															
Child Protection										0					
Adult Protection										0					
Child and Family Services										0					
Domestic Violence Activities and Services										0					
<b>Total</b>		0	-	0	-	0	-	0	-	0	-	-	-		
638 Tribe/BIA Agency Program Certification (Only)										OSG or 477 Program Certification (Only)					
TRIBE/AGENCY (Insert name/Title):						DATE:		TRIBE (Insert Name/Title):						DATE:	
AGENCY SUPERINTENDENT (Certify)						DATE:		OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)						DATE:	
REGIONAL SOCIAL WORKER (Certify)						DATE:								10.01.2015	

Data Section / Narrative



**STEP 2:** Identify the type of Operating Year your Tribe Operates on – The Tribe either operates the program on a **FISCAL YEAR** OR **CALENDAR YEAR**. Type it in Cell B2 in the Excel Form

<b>FISCAL YEAR or CALENDAR YEAR</b>											
<b>2015 BIA Financial Assistance and Social Services Report (FASSR)</b>											
<b>TRIBE/AGENCY</b>				<b>FIRST QUARTER</b>		<b>SECOND QUARTER</b>		<b>THIRD QUARTER</b>		<b>FOURTH QUARTER</b>	
				<b>ACTUAL</b>		<b>ACTUAL</b>		<b>ACTUAL</b>		<b>ACTUAL</b>	
<b>OSG      BIA      477      638</b>				<b>(Month-Month-Month)</b>		<b>(Month-Month-Month)</b>		<b>(Month-Month-Month)</b>		<b>(Month-Month-Month)</b>	
<b>A</b>				<b>B</b>	<b>D</b>	<b>E</b>	<b>G</b>	<b>H</b>	<b>J</b>	<b>K</b>	<b>M</b>
Program Component				Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures
<b>Child Assistance</b>											
Foster Care					-		-		-		-
Residential Care					-		-		-		-
Adoption Subsidy					-		-		-		-
Guardianship Subsidy					-		-		-		-
Special Needs					-		-		-		-
Homemaker Services					-		-		-		-
<b>Adult Care Assistance</b>											
Homemaker Services					-		-		-		-

*Example: FISCAL YEAR*

<b>FISCAL YEAR</b>				
<b>TRIBE/AGENCY</b>				
<b>OSG      BIA      477      638</b>				
<b>A</b>				

*Example: Calendar Year*

<b>CALENDAR YEAR</b>				
<b>TRIBE/AGENCY</b>				
<b>OSG      BIA      477      638</b>				
<b>A</b>				

**STEP 3:** In the Excel FASSR **TYPE** the **NAME OF THE TRIBE** OR **BIA-AGENCY** that is preparing the BIA Financial Assistance & Social Service Program Report Form.

<b>CALENDAR YEAR</b>							
<b>2015 BIA Financial Assistance and S</b>							
<b>TRIBE/AGENCY</b>				<b>FIRST QUARTER</b>		<b>SECOND QUARTER</b>	
				<b>ACTUAL</b>		<b>ACTUAL</b>	
<b>OSG      BIA      477      638</b>				<b>(Month-Month-Month)</b>		<b>(Month-Month-Month)</b>	
<b>A</b>				<b>B</b>	<b>D</b>	<b>E</b>	<b>G</b>
Program Component				Actual Persons Served	Expenditures	Actual Persons Served	Expenditures
<b>Child Assistance</b>							
Foster Care					-		-
Residential Care					-		-
Adoption Subsidy					-		-
Guardianship Subsidy					-		-

Example: The Tribe filling out the form is the Saint Regis Mohawk Tribe. The Tribe would type its name.

<b>CALENDAR YEAR</b>					
					<b>2015 BIA Fi</b>
<b>Saint Regis Mohawk Tribe</b>					<b>FIRST QUARTER</b>
					<b>ACTUAL</b>
<b>OSG</b>	<b>BIA</b>	<b>477</b>	<b>638</b>	<b>(Month-Month-Month)</b>	

**STEP 4:** Identify the type of program the Financial Assistance and Social Services programs are operated through: OSG, BIA, 477, or 638, or a Combination.

**OSG:** Tribes operating the Financial Assistance and Social Services Program under ISDEAA Self-Governance Funding Agreements

**638:** Tribes operating the Financial Assistance and Social Services Program under ISDEAA Title I Contracts.

**BIA:** The BIA is operating the Financial Assistance and Social Services Programs.

**477:** Tribes operating the General Assistance program under an approved Pub. Law 102-477 Plan, through an ISDEAA Title I Contract

<b>CALENDAR YEAR</b>					
					<b>2015 BIA Fi</b>
<b>Saint Regis Mohawk Tribe</b>					<b>FIRST QUARTER</b>
					<b>ACTUAL</b>
<b>OSG</b>	<b>BIA</b>	<b>477</b>	<b>638</b>	<b>(Month-Month-Month)</b>	

Note: If you are a Self-Governance Tribe who operates your General Assistance Program through an approved Pub. Law 102-477 Plan, then you would identify as both OSG & 477

Example: A Tribe operating the Financial Assistance and Social Services Programs under an ISDEAA Title I Contract Only (Pub. Law 93-638 Contract)

<b>CALENDAR YEAR</b>
<b>Saint Regis Mohawk Tribe</b>
638
A

*Example: An OSG Tribe operating the Financial Assistance and Social Services Program under ISDEAA Self-Governance Funding Agreement and operating General Assistance through an approved P.L. 102-477 Plan*

<b>CALENDAR YEAR</b>
<b>Saint Regis Mohawk Tribe</b>
OSG 477
A

**STEP 5:** Each Tribe, Agency or Program filling out the FASSR must identify the Months that correspond with its operating year, Fiscal Year or Calendar Year. If you identified Fiscal Year as your operating year, then you would fill in the months by Quarter from October 1, 2014 through September 30, 2015. If you operated on a Calendar Year then you would fill in the months from January 1, 2015 through December 31, 2015.

2015 BIA Financial Assistance and Social Services Report (FASSR)							
FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER	
ACTUAL		ACTUAL		ACTUAL		ACTUAL	
(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)	
B	D	E	G	H	J	K	M
Actual		Actual		Actual		Actual	

### Example: Fiscal Year Tribes

For those Tribes who identify as a Fiscal Year, for First Quarter – You would fill in October – December, for Second Quarter – You would fill in January – March, for Third Quarter – you would fill in April through June, and for Fourth Quarter – You would fill in July through September.

FISCAL YEAR				
2015 BIA Financial Assistance and Social Services Report (FASSR)				
Saint Regis Mohawk Tribe	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
	ACTUAL	ACTUAL	ACTUAL	ACTUAL
OSG 477	Oct, Nov, Dec.	Jan, Feb, March	April, May, June	July, Aug, Sept.
A	B D	E G	H J	K M

### Example: Calendar Year

For those Tribes who identify as a Calendar Year, for First Quarter – You would fill in January – March, for Second Quarter – You would fill in April through June, for Third Quarter – you would fill in July through September, and for Fourth Quarter – You would fill in October – December.

CALENDAR YEAR				
2015 BIA Financial Assistance and Social Services Report (FASSR)				
Saint Regis Mohawk Tribe	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
	ACTUAL	ACTUAL	ACTUAL	ACTUAL
OSG 477	Jan, Feb, March	April, May, June	July, Aug, Sept.	Oct, Nov, Dec
A	B D	E G	H J	K M

**Note:** Tribes not participating in Tribal Self Governance who are operating their General Assistance program under an approved P.L. 102-477 plan on a program year that does not coincide with the Fiscal or Calendar year will report on a Fiscal Year

## STEP 6: ACTUAL PERSONS SERVED

CALENDAR YEAR											FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)														
Saint Regis Mohawk Tribe														
OSG 477	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS					
	ACTUAL		ACTUAL		ACTUAL		ACTUAL		N	P	Q	R		
A	B	D	E	G	H	J	K	M						
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit		
Child Assistance														
Foster Care									0	-	-	-		
Residential Care									0	-	-	-		
Adoption Subsidy									0	-	-	-		
Guardianship Subsidy									0	-	-	-		
Special Needs									0	-	-	-		
Homemaker Services									0	-	-	-		
Adult Care Assistance														
Homemaker Services									0	-	-	-		
Residential Care (group home)									0	-	-	-		
General Assistance		0		0		0		0	0	-	-	-		
Employable									0					
Unemployable									0					
Individual Self-Sufficiency Plan (ISP)									0					
ISP Goals Completed									0					
Applications Approved									0					
Applications Disapproved									0					
Burial Assistance									0	-	-	-		
Emergency Assistance									0	-	-	-		
ITM Accounts														
Services									0					
Distribution Plans Processed									0					
Services Only														
Child Protection									0					
Adult Protection									0					
Child and Family Services									0					
Domestic Violence Services									0					
Total		0		0		-		0	0	-	-	-		
638 Tribe/BIA Agency Program Certification (Only)						O'G or 477 Program Certification (Only)								
TRIBE/AGENCY (Insert name/Title):						TRIBE (Insert Name/Title):								
DATE:						DATE:								
AGENCY SUPERINTENDENT (Certify)						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)								
DATE:						DATE:								
REGIONAL SOCIAL WORKER (Certify)						DATE:								

### Columns B, E, H, and K: Actual Persons Served

For each program component (Column A), report the actual number of persons served or actual number as it applies to each program component in each month during the quarter. A person may be counted once each month for services received during the quarter.

### Program Component: Child Assistance

#### Row 9) Foster Care

Foster Care is the actual number of persons served and actual expenditures for services provided to eligible children who have been removed from their homes due to neglect, abandonment, abuse or other maltreatment and have been placed in a foster home. Services also include those extended to the affected family members and foster parent(s) with a goal of reuniting and preserving the family.

*In Columns B, E, H, and K, report the actual number of persons served who received Foster Care services in each quarter. In Column N, report the total actual number of persons who received Foster Care services during the program year. In Columns D, G, J, and M, report the total expenditures for Foster Care services in each quarter. In Column P, report the total actual expenditures for Foster Care during the program year.*

### **Row 10) Residential Care**

Residential Care is the actual number of persons served and total expenditures for rehabilitative services to eligible individuals who were removed from their home due to a lack of resources in the home to care for them and have been placed in a residential care facility. This placement category does not include the placement of children who committed crimes or placement in a psychiatric or substance abuse treatment facility.

*In Columns B, E, H, and K, report the actual number of persons served who received Residential Care services in each quarter. In Column N, report the total actual number of persons who received Residential Care services during the program year. In Columns D, G, J, and M, report the total expenditures for Residential Care services in each quarter. In Column P, report the total actual expenditures for Residential Care services during the program year.*

### **Row 11) Adoption Subsidy**

Adoption Subsidy is the actual number of persons served and total expenditures for children who were under the BIA/Tribal Human Service supervision and have been adopted. The payments must not exceed the rate approved by the Assistant Secretary-Indian Affairs (page 34).

*In Columns B, E, H, and K, report the actual number of persons served who received an Adoption Subsidy in each quarter. In Column N, report the total actual number of persons who received an Adoption Subsidy during the program year. In Columns D, G, J, and M, report the total expenditures for Adoption Subsidy in each quarter. In Column P, report the total actual Adoption Subsidy expenditures for the program year.*

### **Row 12) Guardianship Subsidy**

Guardianship Subsidy is the actual number of persons served and total expenditures for children who were under the BIA/Tribal Human Service supervision and approved for court approved guardianship placements. Payments must not exceed rates approved by the Assistant Secretary – Indian Affairs.

*In Columns B, E, H, and K, report the actual number of persons who received a Guardianship Subsidy in each quarter. In Column N, report the total actual number of persons who received a Guardianship Subsidy during the program year. In Columns D, G, J, and M, report the total expenditures for Guardianship Subsidy in each quarter. In Column P, report the total actual Guardianship Subsidy expenditures for the program year.*

### **Row 13) Special Needs**

*Special Needs* is the actual number of persons served and total expenditures for services made to or on behalf of children under Human Services supervision for circumstances that warrant financial assistance that is not included in the foster care rates (e.g. respite care, homemaker service, day care service, etc.)

*In Columns B, E, H, and K, report the actual number of persons who received Special Needs assistance in each quarter. In Column N, report the total actual number of persons who received Special Needs assistance during the program year. In Columns D, G, J, and M, report the total expenditures for Special Needs assistance in each quarter. In Column P, report the total actual Special Needs expenditures for the program year.*

## Row 14) Homemaker Services

Homemaker Service (Child Assistance) is the actual number of cases and total expenditures for non-medical efforts made to prevent out of home placement of children.

*In Columns B, E, H, and K, report the actual number of persons who received Homemakers Services (Child Assistance) in each quarter. In Column N, report the total actual number of persons who received Homemakers Services (Child Assistance) during the program year. In Columns D, G, J, and M, report the total expenditures for Homemakers Services (Child Assistance) in each quarter. In Column P, report the total actual Homemakers Services (Child Assistance) expenditures for the program year.*

### How to Count Child Assistance Actual Persons Served

- Count the Child in each Month he/she is provided Services with BIA, Child Assistance Funding

### How to Count Child Assistance Quarterly Expenditures

- Count the Total Amount paid in Services to the Vendor

### Example for Quarterly Reporting and Counting for Foster Care & Residential Care: Tribe A: FISCAL YEAR

**Case Scenario 1:** You have 4 children in Foster care in Quarter 1 of the 2015 Fiscal Year. (See Table Below). For each month a Child is in care, you would count them 1 time. In the scenario below all 4 children were served in the months of October, November and December.

FISCAL YEAR							
FYQTR	MONTH	Child 1	Child 2	Child 3	Child 4	TOTAL MONTHLY EXPENDITURES	Actual Persons Served
Q1	October	650.00	650.00	350.00	824.56	2,474.56	4
	November	650.00	650.00	349.50	835.00	2,484.50	4
	December	650.00	650.00	349.50	360.00	2,009.50	4
Q1 TOTAL:		1,950.00	1,950.00	1,049.00	2,019.56	6,968.56	12

FISCAL YEAR		
2015 BIA Finan		
TRIBE A	FIRST QUARTER	
	ACTUAL	
638	Oct-Nov-Dec	
A	B	D
Program Component	Actual Persons Served	Expenditures
Child Assistance		
Foster Care	12	6,968.56
Residential Care		-
Adoption Subsidy		-
Guardianship Subsidy		-
Special Needs		-
Homemaker Services		-

<b>Program Component: Adult Care Assistance</b>
<p><b>Row 16) Homemaker Services</b></p> <p>Homemaker Service (Adult Care Assistance) is the actual number of persons served and total expenditures for non-medical services provided to assist in maintaining self-sufficiency and preventing placement into a long-term care facility or residential care facility.</p> <p><i>In Columns B, E, H, and K, report the actual number of persons who received Homemaker Service (Adult Care Assistance) in each quarter. In Column N, report the total actual number of persons who received Homemaker Service (Adult Care Assistance) during the program year. In Columns D, G, J, and M, report the total expenditures for Homemaker Service (Adult Care Assistance) in each quarter. In Column P, report the total actual Homemaker Service (Adult Care Assistance) expenditures for the program year.</i></p> <p><b>Row 17) Residential Care</b></p> <p>Residential Care (group home) is the actual number of persons served and total expenditures for those rehabilitation “personal care” services provided to eligible Indians who are removed from their home, due to lack of resources in the home to care for them, and placed in a residential care facility.</p> <p><i>In Columns B, E, H, and K, report the actual number of persons who received Residential Care (group home) in each quarter. In Column N, report the total actual number of persons who received Residential Care (group home) during the program year. In Columns D, G, J, and M, report the total expenditures for Residential Care (group home) in each quarter. In Column P, report the total actual Residential Care (group home) expenditures for the program year.</i></p>

**How to Count Adult Care Assistance Actual Persons Served (Similar to Child Assistance)**

- Count the Adult in each Month he/she is provided Services with BIA, Adult Care Assistance Funding

**How to Count Adult Care Assistance Quarterly Expenditures**

- Count the Total Amount paid in Services to the Vendor

<b>Program Component: General Assistance</b>
<p><b>Row 18) General Assistance (GA)</b></p> <p>(GA) is the actual number of persons served and total expenditures for eligible individuals who receive General Assistance services because they do not have sufficient resources to meet essential needs (e.g. shelter, food, clothing and utilities) and are receiving financial assistance payments.</p> <p>This cell is auto-calculated. It is the sum of Total Employable and Total Unemployables. In Columns B, E, H, and K, report the actual number of persons served in each month by General Assistance during the reporting quarter. A person may be counted once for each month the person receives services. In Column N, report the total actual number of persons who received General Assistance during the program year. In Columns D, G, J, and M, report the total expenditures for General Assistance in each quarter. In Column P, report the total actual General Assistance expenditures for the program year.</p>



**Row 19) Employable**

An Employable GA client is an eligible Indian or Alaska Native person who is physically and mentally able to obtain employment, and who is not exempt from seeking employment in accordance with the criteria specified in §20.315.

In Columns B, E, H, and K, report the actual number of employable persons including household members served in each month by General Assistance during the reporting quarter. A person may be counted once for each month the person receives services. In Column N, report the total actual number of employable persons served during the program year.

**Row 20) Unemployable**

An Unemployable GA client is a person who has a case plan and is exempt from seeking employment in accordance with the criteria specified in §20.315, shown in Table 1

In Columns B, E, H, and K, report the actual number of unemployable persons served including household members in each month during the reporting quarter. A person may be counted once for each month the person receives services. In Column N, report total actual number of unemployable persons served during the program year.

**Row 21) Individual Self-Sufficiency Plan (ISP)**

An ISP per 25 CFR part §20.100 is a plan designed to meet the goal of employment through specific action steps and is incorporated within the case plan for a general assistance recipient. The plan is jointly developed by the recipient and the social worker.

In Columns B, E, H, and K, report the actual number of General Assistance recipients with an ISP in each quarter. The total number of ISPs should coincide with the total number of employable General Assistance recipients (see definition for Employable). In Column N, report the total actual number of General Assistance recipients with an ISP for the program year.

**Row 22) ISP Goals Completed**

Number of Individual Self Sufficiency Plans (ISP) Goals Completed is the actual number of employable general assistance recipients who have completed the goals in their ISP. (GPRA Measure 1811 – General Assistance)

A plan is considered complete if it meets any one of the following four criteria:

1. Person attains employment. Employment may be permanent, seasonal or temporary.
2. Person does not attain employment, but meets all goals or action steps that have been identified in the ISP and have targeted completion dates during the reporting period. For example, in reporting on the status of an ISP for the 1st quarter of FY 15 [October-December 2014] in order to meet this criterion a person must have completed any goal or action step toward a goal that was targeted for completion between October 1 and December 31, 2014. Note: not all goals and action steps in the ISP must be completed – only those scheduled for completion within the reporting period. It is important for goals and action steps to be written in verifiable terms with definable dates. Example: State an action step

as: “Make three phone contacts with the state employment office by December 31, 2014,” rather than “Make an attempt to secure employment.” At least one of the goals in the ISP must be associated with actively seeking employment [per 25 CFR 20-319]

3. A person does not attain employment, and does not meet all goals or action steps that have been targeted for completion during the reporting period; but in the judgment of the case manager, the recipient did not meet the targets because of factors that were outside of the recipient’s control. For example, a recipient may have planned to complete a math skills course by December 31 as a step toward completing a GED. Due to a reduction in local government budgets, the math skills course has been cancelled, and will not be offered until January 2015. In order to satisfy this criterion the social worker must receive documentation from the recipient that a good faith effort has been made to meet the target [in this example, the recipient registered for the class], and the reasons why target achievement was beyond the recipient’s control. The case manager must maintain this documentation, and identify the reasons for not achieving the target on the ISP form. In this case, the case manager should work with the recipient to establish a new target date for completion of the existing goal or action step; or develop new or revised goals/action steps for the next time period.
4. A recipient exits the program, and does not return. The assumption, in this case, is that the recipient no longer requires general assistance.

### Row 23) Applications Approved

Applications Approved means the actual number of General Assistance applicants approved for service and who have begun receiving financial assistance. You may have 1 Application with a Household of Five. You would only count the total number of Applications Approved, not the Household Size. This would include Applications for both Employable and Unemployable Clients. Count only “New” Applications.

In Columns B, E, H, and K, report the actual number of General Assistance Applications Approved for each quarter. In Column N, report the actual number of General Assistance Applications Approved for the program year.

### Row 24) Applications Disapproved

Applications Disapproved means the actual number of General Assistance Applications that were denied as the applicants was determined to be ineligible for social services or financial assistance.

In Columns B, E, H, and K, report the actual number of Applications Disapproved for General Assistance for each quarter. In Column N, report the actual number of Applications Disapproved for General Assistance in the program year.

**TABLE 1: Unemployable Criteria**

The employment policy in §20.314 Does not apply to...	If...	And...
(a) Anyone younger than 16.		
(b) A fulltime student under the age of 19...	He/she is attending an elementary or Secondary school or a vocational or technical school equivalent to a secondary school.	He/she is making satisfactory Progress.

(c) A person enrolled at least half-time in a program of study under Section 5404 of P.L. 100-297	He/she is making satisfactory progress...	He/she was an active General Assistance recipient for a minimum of 3 months before determination/redetermination of eligibility
(d) A person suffering from a Temporary medical injury or illness.	It is documented in the case plan that the illness or injury is serious enough to temporarily prevent employment.	The assessment is documented in the case plan.
(e) An incapacitated person who has not yet received Supplemental Security Income (SSI) assistance	A physician, psychologist, or social services worker certifies that a physical or mental impairment (either by itself, or in conjunction with age) prevents the individual from being employed.	The assessment is documented in the case plan.
(f) A caretaker who is responsible for a person in the home who has a physical or mental impairment.	A physician or certified psychologist verifies the condition.	The case plan documents that: the condition requires the caretaker to be home on a virtually continuous basis; and there is no other appropriate household member available to provide this care.
(g) A parent or other individual who does not have access to child care.	He/she personally provides full-time care to a child under the age of 6.	
(h) A person for whom employment is not accessible.	There is a minimum commuting time of one hour each way.	

### How to Count General Assistance Actual persons Served

- Count the Household Size used to Determine Monthly Payment Standard
- Count the Check Amount

### Example for Quarterly Reporting and Counting:

#### Tribe A: FISCAL YEAR

**Case Scenario 1:** An Unemployable client with a household size of one receives General Assistance for the months of October, November, and December at a rate of \$100 per month. You would count that person a total of three times, once for each month for Quarter 1 at a total cost of \$300. (See Below)

**Case Scenario 2:** An Employable client with a household of two receives General Assistance for the months of November and December at the monthly standard rate of \$250 per month. You would count the total household of 2 for each month in Quarter 1 for a total served of 4 at a total cost of \$500. (See below)

FISCAL YEAR				
	FIRST QUARTER			
<i>Month:</i>	October	November	December	Q1 Total
Unemployable Case 1	1	1	1	3
Cost:	\$100	\$100	\$100	\$300
Employable Case 2	0	2	2	4
Cost:	0	\$250	\$250	\$500

**Total Actual Persons Served: 7**

**Total Expenditures: \$800**

Based on this scenario, you would have served a total of 7 General Assistance clients in Quarter 1: 3-Unemployable & 4-Employable, for a total of 7 Actual Person Served, at a total cost of \$800 (See Screenshot Below)

FISCAL YEAR		
	2015 BIA Finance	
TRIBE A	FIRST QUARTER	
	ACTUAL	
638	OCT-NOV-DEC	
A	B	D
Program Component	Actual Persons Served	Expenditures
<b>Child Assistance</b>		
Foster Care		-
Residential Care		-
Adoption Subsidy		-
Guardianship Subsidy		-
Special Needs		-
Homemaker Services		-
<b>Adult Care Assistance</b>		
Homemaker Services		-
Residential Care (group home)		-
<b>General Assistance</b>	7	800.00
Employable	4	
Unemployable	3	

**Example of Year-End, Total Reporting and Counting:  
Tribe B: Calendar Year**

**Client 1:** A single employable recipient receives General Assistance for the following: For the Months of January and March in the First Quarter of the Calendar year at a rate of \$150 per month, Once in April during the Second Quarter at a rate of \$200; July, August, and September in the Third Quarter at a rate of \$200, and once in the month of November in the Fourth Quarter at a rate of \$200. The client would be counted a total of 7 times at the end of the calendar year, under Column N, Actual Person Served under Total Employable for a total cost of \$1,300.

**Client 2:** The Head of Household is Employable; the rate is a household of three. The family receives the following assistance for the following months in the 2014 Calendar Year. Two months in the first quarter at a rate of \$250, three months in the second quarter at a rate of \$275, once in the third quarter at a rate of \$275, and each month in the fourth quarter at a rate of \$250. The family would be counted a total of 27 at a cost of \$2,450.

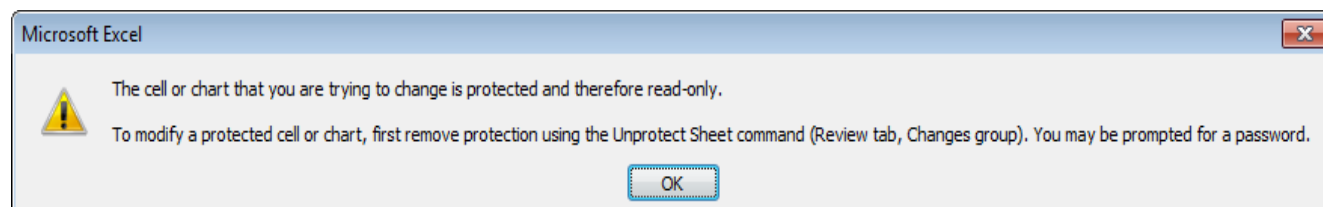
Based on this scenario, you would have a total of 34 Actual Persons Served for General Assistance for the Calendar Year at a total cost of \$3,750, which would be reported in Column N on the 2015 FASSR for General Assistance.

## TRIBE B

CALENDAR YEAR													
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
Month:	01/14	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	Total
Client1:	1	0	1	1	0	0	1	1	1	0	1	0	7
Cost:	\$150	0	\$150	\$200	0	0	\$200	\$200	\$200	0	\$200	0	\$1,300
Client2:	3		3	3	3	3		3		3	3	3	27
Cost:	\$250		\$275	\$275	\$275	\$275		\$275		\$275	\$275	\$275	\$2,450

CALENDAR YEAR											
2015 BIA Financial Assistance and Social Services Report (FASSR)											
TRIBE B	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YE.		
	ACTUAL		ACTUAL		ACTUAL		ACTUAL				
638	JAN-FEB-MARCH		APRIL-MAY-JUNE		JULY-AUG-SEPT		OCT-NOV-DEC				
A	B	D	E	G	H	J	K	M	N	P	
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	
Child Assistance											
Foster Care		-		-		-		-	0	-	
Residential Care		-		-		-		-	0	-	
Adoption Subsidy		-		-		-		-	0	-	
Guardianship Subsidy		-		-		-		-	0	-	
Special Needs		-		-		-		-	0	-	
Homemaker Services		-		-		-		-	0	-	
Adult Care Assistance											
Homemaker Services		-		-		-		-	0	-	
Residential Care (Group Home)									0		
General Assistance	8	\$25.00	10	1,025.00	6	\$75.00	10	1,025.00	34	3,750.00	
Employable	8		10		6		10		34		
Unemployable	0		0		0		0		0		

**Note:** In the Screenshot Above, for illustration purposes only, the cells have been highlighted in Yellow to indicate the “locked” cells in the 2015 FASSR in regards to General Assistance. This means for each Quarter, the Total Actual Persons Served for General Assistance and Total Expenditures (Column P) is auto-calculated in the form. The Total Actual Persons served is the sum of the total number of Employable Served and Unemployable Served for that quarter. Additionally, Column P, Expenditures (Sum of All Four Quarters) is also locked and is the sum of Columns D, G, J, and M. The cell for Total General Assistance, Actual Person Served and Expenditures (Column P) are “locked” on the form to ensure the Total for these data elements are correctly calculated in the form. Once you enter in the data for Employable and Unemployable the form will auto-calculate the total for the quarter. Once you enter in the total expenditures, the form will auto-calculate the Total Expenditures for the year, in column P. If you try to enter data in a “locked cell” the form will give you an error message like the one below.



<b>Program Component: Burial Assistance &amp; Emergency Assistance</b>
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<b>Row 25) Burial Assistance</b>
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Report the actual number of persons served and total expenditures for financial assistance payments made on behalf of indigent Indians who meet the eligibility criteria to receive funds for minimum burial expenses. Payments shall not exceed standards of payment established by the Assistant Secretary-Indian Affairs.

*In Columns B, E, H, and K, report the actual number of persons who received Burial Assistance in each quarter. In Column N, report the total actual number of persons who received Burial Assistance during the program year. In Columns D, G, J, and M, report the total expenditures for Burial Assistance in each quarter. In Column P, report the total actual expenditures for Burial Assistance during the program year.*

<b>Row 26) Emergency Assistance</b>
-------------------------------------

Report the actual number of persons served and total expenditures due to forces beyond their control that caused loss or damage of personal possessions as specified in §20.329; such as damage due to burnout, flooding of homes, or other natural disasters. Payments shall not exceed the rates established by the Assistant Secretary-Indian Affairs.

*In Columns B, E, H, and K, report the actual number of persons who received Emergency Assistance in each quarter. In Column N, report the total actual number of persons who received Emergency Assistance during the program year. In Columns D, G, J, and M, report the total expenditures for Emergency Assistance in each quarter. In Column P, report the total actual expenditures for Emergency Assistance during the program year.*

**How to Count Burial Assistance Actual persons Served**

- Count the Actual Number of People provided Burial Assistance
- This number should reflect “ACTUAL” amounts, it should not be duplicative, meaning the Year-End Total should equal Total Burials supported with Burial Assistance
  - For example: 1 Burial = 1 Person

**How to count Burial Assistance Expenditures**

- Count the Check Amount paid to the Vendor

**How to Emergency Assistance Actual persons Served**

- Count the Actual Number of Family members Served with the Emergency Assistance payment
  - For example, a family of 5 would receive the same amount of Emergency Assistance as a family of 2, thus count the Household Size

<b>Program Component: IIM Services &amp; Service - Only</b>
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<b>Row 28) IIM Accounts Services</b>
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*Services* include case management services with outcome that are conducted on active supervised IIM accounts each quarter, e.g., conducting social service assessment to restrict accounts, updating addresses, conducting evaluations and assessments to support a distribution plan, home visits to determine who has custody of the account holder, preparing Kennerly Letters, conducting appeal hearings, and other guidance and support to the supervised account holder.

*In Columns B, E, H, and K, report the actual number of Services for each quarter. In Column N, report the actual number of Services for the program year.*

#### **Row 29) IIM Accounts - Distribution Plans Processed**

Report the actual number of distribution plans approved for payments by the Bureau Line Officer. Record all other services provided under the “Services” category. The approved distribution plans include information on the purpose, payees, amounts of payments, and frequency of payments.

*In Columns B, E, H, and K, report the actual number of Distribution Plans Processed for each quarter. In Column N, report the actual number of Distribution Plans Processed for the program year.*

#### **Row 31) Child Protection Services**

Services and activities necessary to protect an Indian or Alaska Native child who is the victim of an alleged and/or substantiated incident of abuse, neglect, or exploitation. These activities include assessments, phone (info & referral), activities, home visits, reports to courts, contacts made with law enforcement, court activities, investigations, request for information, working with MDT and CPTS, etc.

*In Columns B, E, H, and K, report the actual number of Child Protection services provided for each quarter for each Child. In Column N, report the actual number of Child Protections services provided for the program year.*

#### **Row 32) Adult Protection Services**

Services and activities necessary to protect an Indian or Alaska Native adult who is the victim of an alleged and/or substantiated incident of abuse, neglect or exploitation. This would include IIM cases when abuse occurs, however IIM Activities should be counted separately under IIM Services (Column A, Row 28). Activities under this section can include preventative services, services to homeless, and services to Veterans.

*In Columns B, E, H, and K, report the actual number of Adult Protection services provided for each quarter. In Column N, report the actual number of Adult Protection services provided for the program year.*

#### **Row 33) Child and Family Services**

Includes the reporting of any other case activity that is not previously covered (e.g. assessments, home visits, court appearances, home studies, etc.). Note: A case may not be opened under this Service program component, unless at least an hour or more of the worker’s time was spent on this activity.

*In Columns B, E, H, and K, report the actual number of Child and Family Services provided for each quarter. In Column N, report the actual number of Child and Family services provided for the program year.*

#### **Row 34) Domestic Violence Services**

Domestic Violence Activities and Services include for example, crisis response/ counseling, support groups, information and referral, advocacy, follow-up services, accompaniment to hospital or medical facilities, transportation and Legal and /or Court Advocacy.

## STEP 7: YEAR-END TOTAL ACTUAL PERSONS SERVED

CALENDAR YEAR										FY/ CY 2015								
2015 BIA Financial Assistance and Social Services Report (FASSR)																		
Saint Regis Mohawk Tribe	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS									
OSG 477	ACTUAL		ACTUAL		ACTUAL		ACTUAL											
	Jan, Feb, March		April, May, June		July, Aug, Sept.		Oct, Nov, Dec											
A	B	D	E	G	H	J	K	M	N	P	Q	R						
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit						
<b>Child Assistance</b>																		
Foster Care		-		-		-		-	0	-	-	-						
Residential Care		-		-		-		-	0	-	-	-						
Adoption Subsidy		-		-		-		-	0	-	-	-						
Guardianship Subsidy		-		-		-		-	0	-	-	-						
Special Needs		-		-		-		-	0	-	-	-						
Homemaker Services		-		-		-		-	0	-	-	-						
<b>Adult Care Assistance</b>																		
Homemaker Services		-		-		-		-	0	-	-	-						
Residential Care (group home)		-		-		-		-	0	-	-	-						
<b>General Assistance</b>	0	-	0	-	0	-	0	-	0	-	-	-						
Employable									0									
Unemployable									0									
Individual Self-Sufficiency Plan (ISP)									0									
ISP Goals Completed									0									
Applications Approved									0									
Applications Disapproved									0									
<b>Burial Assistance</b>		-		-		-		-	0	-	-	-						
<b>Emergency Assistance</b>		-		-		-		-	0	-	-	-						
<b>IIM Accounts</b>																		
Services									0									
Distribution Plans Processed									0									
<b>Services Only</b>																		
Child Protection									0									
Adult Protection									0									
Child and Family Services									0									
Domestic Violence Services									0									
<b>Total</b>	0	-	0	-	0	-	0	-	0	-	-	-						
638 Tribe/BIA Agency Program Certification (Only)							OSG or 477 Program Certification (Only)											
TRIBE/AGENCY (Insert name/Title):					DATE:					TRIBE (Insert Name/Title):					DATE:			
AGENCY SUPERINTENDENT (Certify)					DATE:					OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)					DATE:			
REGIONAL SOCIAL WORKER (Certify)					DATE:										10.01.2015			

For the End-of-Year Status, **Column N: Total Actual Persons Served**

The SUM of Actual Number of Persons or Actual Number as it applies to each program component served in Columns B (First Quarter), E (Second Quarter), H (Third Quarter), and K (Fourth Quarter) for the following program components (Column A):

Row 9) Foster Care  
 Row 10) Residential Care (Child Assistance)  
 Row 11) Adoption Subsidy  
 Row 12) Guardianship Subsidy  
 Row 13) Special Needs  
 Row 14) Homemaker Services (Child Assistance)  
 Row 16) Homemaker Services (Adult Care Assistance)  
 Row 17) Residential Care (Adult Care Assistance)  
 Row 18) General Assistance (Sum of Employable + Unemployable)  
 Row 19) Employable  
 Row 20) Unemployable

Row 21) Individual Self-sufficiency Plan (ISP)  
 Row 22) ISP Goals Completed  
 Row 23) Applications Approved  
 Row 24) Applications Disapproved  
 Row 25) Burial Assistance  
 Row 26) Emergency Assistance  
 Row 28) Services (IIM)  
 Row 29) Distribution Plans Processed  
 Row 31) Child Protection Services  
 Row 32) Adult Protection Services  
 Row 33) Child and Family Services  
 Row 34) Domestic Violence Services



## STEP 8: QUARTERLY EXPENDITURES

CALENDAR YEAR											FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)														
Saint Regis Mohawk Tribe		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS				
OSG 477		ACTUAL		ACTUAL		ACTUAL		ACTUAL						
		Jan, Feb, March		April, May, June		July, Aug, Sept		Oct, Nov, Dec						
A	B	D	E	G	H	J	K	M	N	P	Q	R		
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit		
<b>Child Assistance</b>														
Foster Care		-		-		-		-	0	-	-	-		
Residential Care		-		-		-		-	0	-	-	-		
Adoption Subsidy		-		-		-		-	0	-	-	-		
Guardianship Subsidy		-		-		-		-	0	-	-	-		
Special Needs		-		-		-		-	0	-	-	-		
Homemaker Services		-		-		-		-	0	-	-	-		
<b>Adult Care Assistance</b>														
Homemaker Services		-		-		-		-	0	-	-	-		
Residential Care (group home)		-		-		-		-	0	-	-	-		
<b>General Assistance</b>		0		0		0		0	0	-	-	-		
Employable									0					
Unemployable									0					
Individual Self-Sufficiency Plan (ISP)									0					
ISP Goals Completed									0					
Applications Approved									0					
Applications Disapproved									0					
<b>Burial Assistance</b>		-		-		-		-	0	-	-	-		
<b>Emergency Assistance</b>		-		-		-		-	0	-	-	-		
<b>IM Accounts</b>														
Services									0					
Distribution Plans Processed									0					
<b>Services Only</b>														
Child Protection									0					
Adult Protection									0					
Child and Family Services									0					
Domestic Violence Services									0					
<b>Total</b>	0	-	0	-	0	-	0	-	0	-	-	-		
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)								
TRIBE/AGENCY (Insert name/Title):						TRIBE (Insert Name/Title):						DATE:		
AGENCY SUPERINTENDENT (Certify)						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)						DATE:		
REGIONAL SOCIAL WORKER (Certify)												10.01.2015		

### In Column D, G, J, and M: Expenditures

Report the actual number of expenditures per quarter, in the following program components (Column A):

- Row 9) Foster Care
- Row 10) Residential Care (child assistance)
- Row 11) Adoption Subsidy
- Row 12) Guardianship Subsidy
- Row 13) Special Needs
- Row 14) Homemaker Services (child assistance)
- Row 16) Homemaker Services (adult care assistance)
- Row 17) Residential Care (adult care assistance)
- Row 18) General Assistance
- Row 25) Burial Assistance
- Row 26) Emergency Assistance

## STEP 9: YEAR-END EXPENDITURES

CALENDAR YEAR										FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)													
Saint Regis Mohawk Tribe	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS				
OSG 477	ACTUAL		ACTUAL		ACTUAL		ACTUAL						
	Jan, Feb, March		April, May, June		July, Aug, Sept.		Oct, Nov, Dec						
A	B	D	E	G	H	J	K	M	N	P	Q	R	
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit	
<b>Child Assistance</b>													
Foster Care		-		-		-		-	0	-	-	-	
Residential Care		-		-		-		-	0	-	-	-	
Adoption Subsidy		-		-		-		-	0	-	-	-	
Guardianship Subsidy		-		-		-		-	0	-	-	-	
Special Needs		-		-		-		-	0	-	-	-	
Homemaker Services		-		-		-		-	0	-	-	-	
<b>Adult Care Assistance</b>													
Homemaker Services		-		-		-		-	0	-	-	-	
Residential Care (group home)		-		-		-		-	0	-	-	-	
<b>General Assistance</b>	0	-	0	-	0	-	0	-	0	-	-	-	
Employable									0				
Unemployable									0				
Individual Self-Sufficiency Plan (ISP)									0				
ISP Goals Completed									0				
Applications Approved									0				
Applications Disapproved									0				
<b>Burial Assistance</b>		-		-		-		-	0	-	-	-	
<b>Emergency Assistance</b>		-		-		-		-	0	-	-	-	
<b>IM Accounts</b>													
Services									0				
Distribution Plans Processed									0				
<b>Services Only</b>													
Child Protection									0				
Adult Protection									0				
Child and Family Services									0				
Domestic Violence Services									0				
<b>Total</b>	0	-	0	-	0	-	0	-	0	-	-	-	

638 Tribe/BIA Agency Program Certification (Only)				OSG or 477 Program Certification (Only)			
TRIBE/AGENCY (Insert name/Title):		DATE:		TRIBE (Insert Name/Title):		DATE:	
AGENCY SUPERINTENDENT (Certify)		DATE:		OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)		DATE:	
REGIONAL SOCIAL WORKER (Certify)		DATE:				10.01.2015	

For the End-of-Year Status, **Column P: Total Actual Expenditures**

ADD the Expenditures in Columns D (First Quarter), G (Second Quarter), J (Third Quarter), and M (Fourth Quarter), for the following program components (Column A). **Do not report average expenditures:**

Row 9) Foster Care  
 Row 10) Residential Care (Child Assistance)  
 Row 11) Adoption Subsidy  
 Row 12) Guardianship Subsidy  
 Row 13) Special Needs  
 Row 14) Homemaker Services (Child Assistance)

Row 16) Homemaker Services (Adult Care Assistance)  
 Row 17) Residential Care (Adult Care Assistance)  
 Row 18) General Assistance  
 Row 25) Burial Assistance  
 Row 26) Emergency Assistance

## STEP 10: AMOUNT ALLOCATED

CALENDAR YEAR											FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)														
Saint Regis Mohawk Tribe		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS				
OSG 477		ACTUAL		ACTUAL		ACTUAL		ACTUAL						
		Jan, Feb, March		April, May, June		July, Aug, Sept.		Oct, Nov, Dec						
A	B	D	E	G	H	J	K	M	N	P	Q	R		
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit		
<b>Child Assistance</b>														
Foster Care		-		-		-		-	0		-	-		
Residential Care		-		-		-		-	0		-	-		
Adoption Subsidy		-		-		-		-	0		-	-		
Guardianship Subsidy		-		-		-		-	0		-	-		
Special Needs		-		-		-		-	0		-	-		
Homemaker Services		-		-		-		-	0		-	-		
<b>Adult Care Assistance</b>														
Homemaker Services		-		-		-		-	0		-	-		
Residential Care (group home)		-		-		-		-	0		-	-		
<b>General Assistance</b>	0	-	0	-	0	-	0	-	0		-	-		
Employable									0					
Unemployable									0					
Individual Self-Sufficiency Plan (ISP)									0					
ISP Goals Completed									0					
Applications Approved									0					
Applications Disapproved									0					
<b>Burial Assistance</b>		-		-		-		-	0		-	-		
<b>Emergency Assistance</b>		-		-		-		-	0		-	-		
IM Accounts														
Services									0					
Distribution Plans Processed									0					
<b>Services Only</b>														
Child Protection									0					
Adult Protection									0					
Child and Family Services									0					
Domestic Violence Services									0					
<b>Total</b>	0	-	0	-	0	-	0	-	0	-	-	-		
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)								
TRIBE/AGENCY (Insert name/Title):						TRIBE (Insert Name/Title):						DATE:		
AGENCY SUPERINTENDENT (Certify)						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)						DATE:		
REGIONAL SOCIAL WORKER (Certify)												10.01.2015		

For the End-of-Year Status, **Column Q: Amount Allocated**

Report the annual Amount Allocated, including carryover from the previous year, for the following program components (Column A):

Row 9) Foster Care  
 Row 10) Residential Care (Child Assistance)  
 Row 11) Adoption Subsidy  
 Row 12) Guardianship Subsidy  
 Row 13) Special Needs  
 Row 14) Homemaker Services (Child Assistance)

Row 18) Homemaker Services (Adult Care Assistance)  
 Row 19) Residential Care (Adult Care Assistance)  
 Row 21) General Assistance  
 Row 29) Burial Assistance  
 Row 30) Emergency Assistance

*Amount Allocated:* Is the total amount of Welfare Assistance funds that your program had to operate on during the fiscal or calendar operating year. This amount includes both carryover funding from previous year(s) and the total amount of funding received during the operating year.

**Example:** A tribe receives \$28,000 in FY2015 Welfare Assistance funding. The tribe had \$5,000 available in carryover funding from FY2014 into FY2015 on October 1, 2014, and the Tribe operates on a Fiscal Year. The tribe would report \$33,000 as the Amount Allocated on the 2015 FASSR, Column Q, as the tribe had \$33,000 “available to spend” in FY2015.

## STEP 11: SURPLUS OR DEFICIT

CALENDAR YEAR										FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)													
Saint Regis Mohawk Tribe	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS				
OSG 477	ACTUAL		ACTUAL		ACTUAL		ACTUAL						
	Jan, Feb, March		April, May, June		July, Aug, Sept.		Oct, Nov, Dec						
A	B	D	E	G	H	J	K	M	N	P	Q	R	
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit	
<b>Child Assistance</b>													
Foster Care		-		-		-		-	0	-	-	-	
Residential Care		-		-		-		-	0	-	-	-	
Adoption Subsidy		-		-		-		-	0	-	-	-	
Guardianship Subsidy		-		-		-		-	0	-	-	-	
Special Needs		-		-		-		-	0	-	-	-	
Homemaker Services		-		-		-		-	0	-	-	-	
<b>Adult Care Assistance</b>													
Homemaker Services		-		-		-		-	0	-	-	-	
Residential Care (group home)		-		-		-		-	0	-	-	-	
<b>General Assistance</b>	0	-	0	-	0	-	0	-	0	-	-	-	
Employable									0				
Unemployable									0				
Individual Self-Sufficiency Plan (ISP)									0				
ISP Goals Completed									0				
Applications Approved									0				
Applications Disapproved									0				
Burial Assistance		-		-		-		-	0	-	-	-	
Emergency Assistance		-		-		-		-	0	-	-	-	
<b>IIM Accounts</b>													
Services									0				
Distribution Plans Processed									0				
<b>Services Only</b>													
Child Protection									0				
Adult Protection									0				
Child and Family Services									0				
Domestic Violence Services									0				
<b>Total</b>	0	-	0	-	0	-	0	-	0	-	-	-	
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)							
TRIBE/AGENCY (Insert name/Title):						TRIBE (Insert Name/Title):						DATE:	
AGENCY SUPERINTENDENT (Certify)						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)						DATE:	
REGIONAL SOCIAL WORKER (Certify)												10.01.2015	

For the End-of-Year Status, Column R: Carryover or Deficit  
Amount allocated (Column Q) – Expenditures (Column P) = Surplus or Deficit  
Report the Surplus or Deficit for the following program components (Column A):

- Row 9) Foster Care
- Row 10) Residential Care (Child Assistance)
- Row 11) Adoption Subsidy
- Row 12) Guardianship Subsidy
- Row 14) Special Needs
- Row 15) Homemaker Services (child assistance)
- Row 16) Homemaker Services (adult care assistance)
- Row 17) Residential Care (adult care assistance)
- Row 18) General Assistance
- Row 25) Burial Assistance
- Row 26) Emergency Assistance

Note: Surplus is the amount of funding that is still available at the end of the operating year and the Deficit is the total unmet need for the year.

A description of unmet need and number of persons not served in each program category can be provided in the Narrative Section of the FASSR.

638 Tribe/BIA Agency Program Certification (Only)			OSG or 477 Program Certification (Only)		
TRIBE/AGENCY (Insert name/Title):			TRIBE (Insert Name/Title):		
DATE:			DATE:		
AGENCY SUPERINTENDENT (Certify)			OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)		
DATE:			DATE:		
REGIONAL SOCIAL WORKER (Certify)			10.01.2015		
DATE:					

Congress places a Statutory Cap on the total Appropriations for Welfare Assistance. Thus, the BIA cannot “back” fund unmet need, but this information is useful to justifying the need for additional Welfare Assistance fund from Congress.

## STEP 12: CERTIFYING REPORT

Please sign and date the report according to the instructions below to certify that the report is true and accurate:

### 638 Tribe/BIA Agency Program Certification (Only):

Tribes who operate the Financial Assistance and Social Services Program through an ISDEAA Title I Contract (93-638) are to certify in this section.

BIA agency program that operate the Financial Assistance and Social Services program as a direct-service program are to certify in this section.

*Tribe/Agency:* The person that prepared the report and narrative.

*Agency Superintendent:* The BIA Agency Superintendent for your program.

*Regional Social Worker:* The federal certifier for the report.



BIA Agencies and P.L. 93-638 Tribes See - Guidance for BIA and P.L. 93-638 tribes to find the Regional Social Worker contact information for your program.

**OSG or OIS-DWD (477) Program Certification (Only):**

This section is for those Tribes that operated under ISDEAA Self-Governance Funding Agreement or Operate the General Assistance program through an approved P.L. 102-477 program, are to complete this section.

*Tribe:* The person that will certify the report on behalf of the tribal program.

*Office of Self Governance/OIS- Division of Workforce Development:* Is the federal certifier for the report.

Self-Governance Tribes, see Guidance for Self-Governance Tribes to find the contact information for your program.

P.L. 102-477 Tribes, Guidance for P.L. 102-477 Tribes, to find the contact information for your program.

## SECTION 2: NARRATIVE SECTION OF THE FASSR

**STEP 13:** In Microsoft Excel, click on the **Narrative Section** tab as shown below.

Complete the narrative for your program by typing answers to the questions. Be sure to Type the Name of the Tribe or BIA Agency in the Narrative. This name should match the name written in the Data Section of the Report. For example: In the Data Section – we identified the Saint Regis Mohawk Tribe, the same would be identified in the Narrative Section.

<b>INSERT NAME OF TRIBE/BIA AGENCY HERE</b>	
<b>FY/CY 2015 - SECTION II: THE NARRATIVE</b>	
<b>Instructions: Complete the Narrative below by answering the following questions. Some questions, are yes or no, others are fillable narrative form. Be as detailed as possible, as the Narrative is intended to tell the story of your program and the numbers you reported on the data portion fo the report.</b>	
<b>Question #1:</b> Does your Social Services Program respond to and investigate allegations of child abuse and neglect? [Please answer Yes or No]:	<b>YES OR NO</b>
<b>Question #1a:</b> If you answered NO, to question #1, please briefly explain who is responsible for responding to and investigating allegations of abuse and neglect for your tribal community. For example, in states that fall under P.L. 38-280, the state is typically responsible for this. Type Here.	
<b>Question #2:</b> Does your Tribal or BIA Social Services Program place Indian children in out-of-home care when needed? [Please answer Yes or No]:	<b>YES OR NO</b>
<b>Question #2a:</b> If you answered NO, to question #2, please briefly explain who is responsible for placing Indian Children in out-of-home care when needed. Type Here.	
<b>Question #3:</b> Does your Tribe operate its own Foster Care Program (Please answer Yes or No)?	<b>YES OR NO</b>
Type Here	
<b>Question #4:</b> (1-2 paragraphs) Briefly describe the community(ies) or tribe(s) that you provide services to (i.e. any information that you feel will help us understand more about your program, <u>include the following information:</u> Tribes served, counties served, location, climate, demographics, culture, economy, employment, housing, crime, abuse statistics). Type Here.	
<b>Question #5:</b> What type of delivery method is your program? (Is your GA operated through an approved 477-plan (477), do you have a ISDEAA Contract to operate the program under 11, 93-638, 83, are you a BIA-operated program (BIA), or are you a Self-Governance Tribe (OSG), or a Combination of	<b>Insert Answer Here</b>

← Data Section | **Narrative Section**

<b>Saint Regis Mohawk Tribe</b>	
<b>FY/CY 2015 - SECTION II: THE NARRATIVE</b>	
<b>Instructions: Complete the Narrative below by answering the following questions. Some questions, are yes or no, others are fillable narrative form. Be as detailed as possible, as the Narrative is intended to tell the story of your program and the numbers you reported on the data portion fo the report.</b>	
<b>Question #1:</b> Does your Social Services Program respond to and investigate allegations of child abuse and neglect? [Please answer Yes or No]:	<b>YES OR NO</b>
<b>Question #1a:</b> If you answered NO, to question #1, please briefly explain who is responsible for responding to and investigating allegations of abuse and neglect for your tribal community. For example, in states that fall under P.L. 38-280, the state is typically responsible for this. Type Here.	

## **STEP 14: SUBMISSION OF FINAL CERTIFIED REPORT**

Submit your completed 2015 FASSR to the appropriate office.

Remember, the Report must be submitted in the EXCEL Format. If your Tribe or Program ALSO wants to submit a PDF version with actual signatures, you can do that, but you must also submit the Excel Format.

A Complete Certified Report must include the Data Section and Narrative Section.

- Self-Governance Tribes: see page 4 for Guidance on due dates and submitting a completed report.
- P.L. 102-477 tribes, not participating in Self Governance: see page 5 for guidance on due dates and submitting a completed report.
- BIA and P.L. 93-638 tribes: see pages 6-7 for guidance on due dates and submitting a completed report.